

Refrigeration Piping Checklist

A.S.M.E. B31.5

Owner:

Location:

Installing Contractor:

Address:

Contact Name: **Owner**

Contact Name: **Contractor**

E-mail Address:

Date:

Inspectors name & affiliation:

Size and Length -

Max Pressure - and Min. Design Temp -

Refrigerant Type -

Shop Fabrication ☐ Field Fabrication ☐ Both ☐

Circle (Yes or No)

- 1) All fabrication completed in the State of Wisconsin? Yes / No
- 2) Has the installer provided – WPS, PQR, WPQR, and Continuity Record complying with the code? Yes / No
- 3) Required entries SBD-5204 form completed? Yes / No
- 4) Is the party responsible for the design of project indicated on the SBD-5204 form?
Is that individual qualified to accept this responsibility? Yes / No
- 5) Is the system or components designed for low temperature service? Yes / No
If yes has impact testing of welds been addressed? Yes/No
- 6) Is piping and related valves and fittings acceptable material for design conditions?
Yes / No
- 7) Is the installer familiar with the code requirements for testing of the piping system?
Yes / No